Best Avoilable Carl												
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2001  Application or Docket Number  0998800000000000000000000000000000000												
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMALL ENTITY TYPE			OR	OTHER SMALL	
TOTAL CLAIMS			18		·			RATE	FEE	] <u> </u>	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			8 minus 20=		• 0			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			3 minus 3 = *		* 0			X42=		OR	X84=	
MULTIPLE DEPENDENT CLAIM PI			RESENT				·	+140=			+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	- 4 : 6
Q	1105		IOIAL		JOH	OTHER	741					
1 \											SMALL	
MENDMENT A		REMAINING AFTER AMENDMENT		NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NON	Total	• /8	Minus	** 20)				X\$ 9=		OR	X\$18=	
AME	Independent	• 3	Minus	*** 3		<u> </u>		X42=		OR	X84=	7
L.	FIRST PRESENTATION OF MULTIPLE DEPENDENT CL				CLAIM		J	+140=	7	OR	+280=	
							i	TOTAL			TOTAL	
	(Column 1) (Column 2) (Column 3)							ADDIT. FEE	<u> </u>		ADDIT. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent + Minus +++		<u> </u>		=	Į ſ	X42=		OR	X84=		
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140=		OR	+280=	
·-								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		1 -										
AMENDMENT C	•	CLAIMS REMAINING AFTER AMENDMENT	·	HIGH NUMI PREVIO PAID	BER DUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=	$\prod$	X\$ 9=		OR	X\$18≃	
	Independent	*	Minus	***		=-		X42≃		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140=			+280=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR	+26U= TOTAL	
"If the entry in column 1 is less than the entry in column 2, write "O" in column 3.  "If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  ADDIT. FEE  TOTAL ADDIT. FEE												

FORM PTO-875 (Rev. 8/01)